



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000002

CITY OR TOWN WARREN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: QUABOAG AERIE #4133 FRAT.ORD.OF EAGLES INC.

DOING BUSINESS A

ADDRESS 2167 MAIN ST.

CITY/TOWN: WARREN

STATE: MA

ZIP CODE: 01092

MANAGER: HERSEY, DANIEL TYPE OF LICENSE: Club
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY FRAME BLDG. FIRST FLOOR: KITCHEN, BAR DINING ROOM, AND STORAGE
ROOM. SECOND FLOOR: LIVING QUARTERS. CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000004

CITY OR TOWN WARREN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DANGER ENTERPRISES LLC

DOING BUSINESS AS DANGER ZONE SALOON

ADDRESS 948 MAIN STREET

CITY/TOWN: WARREN

STATE: MA

ZIP CODE: 01083

MANAGER: SENECA,
DOUGLAS S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY FRAME BLDG. FIRST FLOOR: TWO ROOMS. ONE FOR BAR AND LOUNGE, ONE FOR RESTAURANT. SECOND FLOOR: ONE ROOM FOR DINING. CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000006

CITY OR TOWN WARREN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ST. STANISLAUS SOCIETY OF WEST WARREN, INC.

DOING BUSINESS AS

ADDRESS 144 SOUTH ST.

CITY/TOWN: WARREN

STATE: MA

ZIP CODE: 01092

MANAGER: ELLIS, JONATHAN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY FRAME BLDG. FIRST FLOOR; BAR, BOOTHS, AND RESTROOMS. SECOND FLOOR; RECEPTION ROOM. CELLAR STORAGE. PAVILLION LOCATED BEHIND BLDG..

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000009

CITY OR TOWN WARREN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WARREN CASH MARKET,LLC

DOING BUSINESS AS WARREN CASH MARKET,LLC

ADDRESS 942 MAIN ST

CITY/TOWN: WARREN

STATE: MA

ZIP CODE: 01083

MANAGER: CIESLAK, DENISE TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY FRAME BLDG. FIRST FLOOR; STORE SPACE AND STORAGE ROOM. SECOND FLOOR LIVING QUARTERS. CELLAR STORAGE.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000010

CITY OR TOWN WARREN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WARREN PACKAGE STORE INC.

DOING BUSINESS AS WARREN SPA

ADDRESS 958 MAIN ST

CITY/TOWN: WARREN

STATE: MA

ZIP CODE: 01083

MANAGER: WROBEL, LEONE TYPE OF LICENSE: Package Store CATEGORY: All Alcohol A.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME BLDG. ONE ROOM FOR SALES, TWO ROOMS IN REAR AND CELLAR STORAGE.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000015

CITY OR TOWN WARREN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RONALD J. TEBO

DOING BUSINESS AS TEBO'S MINI-MARKET

ADDRESS 980 MAIN ST

CITY/TOWN: WARREN

STATE: MA

ZIP CODE: 01083

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR COMMERCIAL SPACE WITH ONE ENTRANCE LOCATED IN THE FRONT OF
THE BLDG ON MAIN ST AND 1 EXIT TO THE REAR OF THE BLDG FACING RIVER ST

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000020

CITY OR TOWN WARREN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J & K Enterprises, LLC

DOING BUSINESS A Whiskey Hill Liquors

ADDRESS 2370 MAIN ST

CITY/TOWN: WARREN

STATE: MA

ZIP CODE: 01092

MANAGER: Laurin, Joanne

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

20X50 FT SPACE ON FIRST FLOOR OF OFFICE/SHOPPING PLAZA. WALK IN COOLER FRONT
AND REAR EXITS, ONE BATHROOM

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000021

CITY OR TOWN WARREN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCOTTISH MEADOWS GROUP

DOING BUSINESS AS SCOTTISH MEADOWS GOLF CLUB

ADDRESS 361 LITTLE REST ROAD

CITY/TOWN: WARREN

STATE: MA

ZIP CODE: 01083

MANAGER: MATHIEU,
JACQUES A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000024

CITY OR TOWN WARREN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HTT LLC

DOING BUSINESS AS COUNTRYSIDE PUB

ADDRESS 83 MECHANIC STREET

CITY/TOWN: WARREN

STATE: MA

ZIP CODE: 01083

MANAGER: HEBERT, JANE A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BUILDING W/ FULL BASEMENT. BAR AND DINING ROOM ON GROUND LEVEL FLOOR W/ KITCHEN & STORAGE IN CELLAR. THREE EXITS/ENTRANCES ON GROUND FLOOR, ONE EXIT/ENTRANCE FOR BASEMENT

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 133000025

CITY OR TOWN WARREN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRASKA'S VILLAGE MARKET, LLC

DOING BUSINESS A

ADDRESS 2240 MAIN STREET

CITY/TOWN: WARREN

STATE: MA

ZIP CODE: 01092

MANAGER: KOSLOWSKI,KEVIN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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